



CITY OF NEWPORT BEACH  
**REVENUE DIVISION**  
3300 NEWPORT BOULEVARD • P.O. BOX 1768  
NEWPORT BEACH, CA 92658-8915  
(949) 644-3141  
RevenueHelp@newportbeachca.gov  
<http://www.newportbeachca.gov/Revenue>

**RETAIL SALE OF FIREARMS LICENSE APPLICATION**  
**\$69.00 application fee due upon submittal**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ M \_\_\_ F \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Social Security: \_\_\_\_\_

**BUSINESS INFORMATION**

Name / DBA: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Federal Firearms Permit #: \_\_\_\_\_ City Business License #: \_\_\_\_\_ Expiry: \_\_\_\_\_

**QUESTIONNAIRE**

Have you ever been committed to a mental institution? No \_\_\_ Yes \_\_\_

If Yes, please explain \_\_\_\_\_

Have you ever been dishonorably discharged from the military? No \_\_\_ Yes \_\_\_

If Yes, please explain \_\_\_\_\_

Have you ever been arrested, booked by a law-enforcement official, held for investigation or indicted by a Grand Jury for a felony? No \_\_\_ Yes \_\_\_

If Yes, please explain \_\_\_\_\_

**DECLARATION**

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE INFORMATION STATED IS TRUE AND CORRECT. I UNDERSTAND THAT BY PROVIDING FALSE OR WITHHOLDING INFORMATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY PERMIT, AND MAY SUBJECT ME TO CRIMINAL PROSECUTION. I DO HEREBY AUTHORIZE THE CITY, ITS AGENTS AND EMPLOYEES TO SEEK VERIFICATION OF THE INFORMATION CONTAINED ON THIS APPLICATION. I FURTHER UNDERSTAND THAT I MAY NOT CONDUCT THE ACTIVITY APPLIED FOR UNTIL A LICENSE HAS BEEN GRANTED. I UNDERSTAND THAT A COPY OF THE CITY ORDINANCES REGULATING RETAIL SALES OF FIREARMS IS AVAILABLE TO ME AT THE CITY CLERKS OFFICE.

\_\_\_\_\_  
Name (Printed) Signature Date

**OFFICE USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Expiry \_\_\_\_\_